APPLICATION FOR AUTHORIZATION
AS AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT
FOR CAPTIVE INSURANCE BUSINESS

To the Commissioner of Insurance, Frankfort, Kentucky, I hereby apply for authorization as an independent certified public accountant for the transacting of audits for Captive Insurance Companies.

INDIVIDUALS ONLY MAY APPLY

1. Full Legal Name _____

1. Residence Address _____

2. (a) Date of Birth _____   (b) Social Security Number _____

3. Education and Degree _____

   High School _____

   College _____

   Graduate or Professional _____

4. List all insurance and/or captive auditing experience for past 15 years including specific dates (attach addition sheets as necessary).

   _____

   _____

5. List the captive account(s) you will be auditing.

   _____

6. Present Chief Occupation _____

   Position or Title _____   How Long? _____

   Employer's Name _____

   Address _____

   How long with this employer? _____

7. Has applicant ever been arrested, or indicted for and/or convicted of any crime or offense other than a traffic violation? If "yes", submit full particulars of each case and disposition thereof.

   _____

   _____

8. I control directly or indirectly, or own legally or beneficially the outstanding stock of the following insurers: _____

   _____

9. Do you currently hold or have you held any type of insurance license? _____

   _____

    (type)   (state)   (expiration date)

10. Have you ever had a license or privilege refused or revoked by an Insurance Department? If so, give details. _____

_____

11. Are you currently licensed as a CPA? If so, please indicate state. _____

12. Has your license as a CPA in this state or any state ever been suspended or revoked? If so, give details. _____

_____

13. Will you assign only individuals that have a minimum of two years insurance auditing experience?

    YES ☐   NO ☐

I hereby certify that I have read and understand all of the requirements and provisions of the Captive Insurance Statutes and Regulations and will fully comply therewith.

(NO FEE REQUIRED)   Signed _____

                                                 Dated _____

Subscribed and sworn to before me this _____ day of _____, 20___.

                 Signature of Notary Public _____

        NOTARY SEAL   Notary Public authorized by law of the State of _____ to administer oaths. My commission expires on _____

Form CI120